PTO/5B/06 (12-04)

Approved for use through 7/31/2006, CMB 0651-0031.
U.S. Potoni and Tradement Office; U.S. DEPARTMENT OF COMMERCE p.a. collection of information unless it displays a valid CMB control purpose.

i un	No of State of		T A C C	O A 37	NO PERSON	S OR A	cureo to reco	ond I	e conection of	Morms	don un	ore (4	estade e dego OM	Or CONNERC B control number	
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Effective December 8, 2004												17	Application or book of thumber		
ARRITONIAC CILED DARK															
APPLICATION AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY				OTHE SMAL	ER THAN L ENTITY	
· . FOR			, MUM	BERFLE	D NUMBER EXTRA				RATE		₹E (5)		RATE (S)	FEE (I)	
BASIC FEE (3) CFR 1.16(s), [4], or [6])			N/A	. N		N/A		NA	150.			, NA	300.00		
SEARCH FEE DJ CFR 1 16(N), (N, or (M))			N/A		NIA.			. NA	\$	250	1	, N/A	\$500		
PI OFR 1.16(4, (s), or (d)		<u>.</u>	NA .		1 N/A]	NIA	\$100			NA	\$200		
DI OFR 1.16(1)			minus	20 •				X\$ 25 ·			.OR	X\$50 -	-		
(NDEPENDENT CLAIMS (37 OFR 1.16(N))			minus 3 •		•		X100			1	X200 .				
FEE	R 1.16(4))	E	If the specification and drawings ex sheets of paper, the application size is \$250 (\$125 for small entity) for ex additional 50 sheets or traction ther 35 U.S.C. 41(a)(1)(G) and 37 CFR			size fee due reach nereof. See									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II)								J	+180=				+360=		
*If the difference in column 1 is less than zero, enter "O" in column 2.								TOTAL	Ŀ		<u> </u>	TOTAL			
	APP	AMENE	DED - P	ARTI		•									
NE (Column 1) (Column 2) (Column 3)									SMALL	ENTIT	γ	OR	OTHER SMALL	R THAN ENTITY	
AMENDMENTA	13-06	REMAIN AFTE AMEND			HIGH NUM PREVIO PAID	BER	PRESENT. · EXTRA		RATE (d)	ADDI- TIONAL FEE (\$)			. RATE (S)	ADOL- TIONAL FEE (\$)	
ăl:	Total or ora utero respondent		70	Minus	-4	7_			X\$ 25 .		1	OR	X\$50	/	
	IT CER LUCKY	Ļ,	2.	Minus.	نـــــا	2]	X100 _			OR	X200		
	Application Size Fee (37 CFR 1.16(s))														
	FIRST PRESENTATION OF MULTIPLE OFFENDENT CLAIM (37 CFR 1.160)								+180=			OR	+360=		
1010/06									ADDL FEE			OR	TOTAL ADO'L FEE		
_		(Coli	IMN 1)	i	(Colu	mn 2) EST	(Column 3)	7 (· · · · · · · · · · · · · · · · · · ·						
		AF	AINING TER DMENT		NUME PREVIO PATDA	BER .	PRESENT EXTRA		RATE (\$)	AD TIO FEE	VAL		RATE (8)	ADDI- TIONAL FEE (3)	
∑ ø	Total CFR 1.18(1)	. ((0)	Minurg-	. Y		<i>f</i> .		X\$ 25 .			OR	X\$50		
AMEND SE S	dependent CFR 1.180.p	• 37	1/	Minus	***	入	٠ .	1	X100 .			OR I	X200		
Š 4	Application Size Fee (37 CFR 1.16(s))							1 t			7	<u> </u>			
	RRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,160)								+180=			OR	+360=		
				•					TOTAL. ADD'L FEE			OR	TOTAL ADD'L FEE		
11 0	he entry in co he Trighest N he. Trighest No o Trighest No	iumber i umber P	Previously F Previously P	ald For I	in this s N this si	PACE IS	less than 20, less than 3, e	enter			. الب	٠ ٠	L	:	

The Tighest Number Proviously Peld For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 97 CFR 1.16. The information is required to obtain or retain a banglit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to completed including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the emount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Dependment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1460, Alexandria, VA 22313-1450.